

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed: <b>7</b>	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI <b>Mr Jose G</b>		OFFICE USE ONLY		
	NICKNAME LAST SUFFIX <b>Joe Farias</b>				
4 CANDIDATE / OFFICEHOLDER ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <b>211 Shrine San Antonio TX 78221</b>		Date Received		
			Date Hand-delivered or Date Postmarked		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI <b>Mr Gabriel D</b>		Receipt # Amount		
	NICKNAME LAST SUFFIX <b>Farias</b>		Date Processed		
				Date Imaged	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <b>5010 El Capitan San Antonio TX 78233</b>				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(210) 599-4930</b>				
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>/ /    4 / 25 / 03</b>				
10 ELECTION	ELECTION DATE Month Day Year <b>5 / 3 / 03</b>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) <b>Hidalgo Trustee</b>		12 OFFICE SOUGHT (if known) <b>City Council Dist 3.</b>		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..				
	Name				
	Address / PO Box: Apt. / Suite #: City: State: Zip Code				
GO TO PAGE 2					

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Jose Farias

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

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17 NO REPORTABLE  
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 5365.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

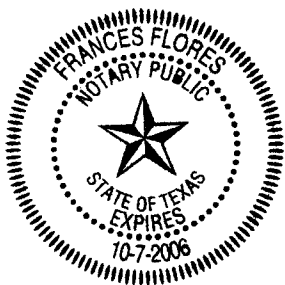
4. TOTAL POLITICAL EXPENDITURES

\$ 6581.25

OUTSTANDING  
LOAN TOTALS5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 2200.00

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Jose Farias*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said JOE FARIAS, this the 24<sup>th</sup> day of April, 2003, to certify which, witness my hand and seal of office.

*Francis Flores*  
Signature of officer administering oath

FRANCIS FLORES  
Printed name of officer administering oath

Title of officer administering oath



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 1 of 1	
2 FILER NAME Jose Farinas		3 ACCOUNT # (Ethics Commission files)	
4 Date 4-11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Craig Carter 6 Contributor address; City; State; Zip Code P.O. Box 200606 SAYR 78220	7 Amount of contribution (\$) \$500	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 4-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) John McGue Contributor address; City; State; Zip Code	Amount of contribution (\$) \$1000	In-kind contribution description (if applicable) rent: use of H.Q. Facility
Principal occupation (Optional)		Employer (Optional)	
Date 4-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) B-B-Q Fundraiser Contributor address; City; State; Zip Code	Amount of contribution (\$) \$3865	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable) 2003 APR 28 AM 10:27 RECEIVED CITY OF SAN ANTONIO CITY CLERK
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



**LOANS****SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

181

2 FILER NAME

Jose Farina

3 ACCOUNT # (Ethics Commission filers)

4

TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

4-17

7 Name of lender

Jose Farina

☐ out-of-state PAC (ID#: \_\_\_\_\_)

9 Loan Amount (\$)

\$1200.00

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

211 Shreve San Antonio TX  
78221

10 Interest rate

11 Maturity date

12 Description of Collateral

☐ none

13 GUARANTOR INFORMATION

☐ not applicable

14 Name of guarantor

15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed (\$)

17 Principal Occupation

18 Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

☐ none

GUARANTOR INFORMATION

☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation

Employer

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If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

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**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

103

2 FILER NAME

Jose Farina

3 ACCOUNT # (Ethics Commission filers)

4 Date

4-16

5 Payee name

D &amp; L Global Services

6 Payee address; City; State; Zip Code

221 C4X0 SAKX 78224

\$

Amount (\$)

2225.60

8 Purpose of payment (See instructions regarding type of information required.)

Mail Services &amp; Postage

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

4-13

Payee name

Crumrine Printers

Payee address; City; State; Zip Code

20304 Houston Street

\$

Amount (\$)

834.65

Purpose of payment (See instructions regarding type of information required.)

Printing

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

4-17

Payee name

SA Media Newspaper

Payee address; City; State; Zip Code

310 Sterling Dr.  
SAKX 78220

\$

Amount (\$)

450.00

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

4-17

Payee name

Tom Daniels &amp; Assoc.

Payee address; City; State; Zip Code

\$

Amount (\$)

800.00

Purpose of payment (See instructions regarding type of information required.)

Phone Bank

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

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**POLITICAL EXPENDITURES****SCHEDULE F**

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2083

2 FILER NAME

Jose Farias

3 ACCOUNT # (Ethics Commission filers)

4 Date

4-23

5 Payee name

Tom Daniels &amp; Assoc.

6 Payee address;

City, State; Zip Code

7 Amount (\$)

\$ 800.00

8 Purpose of payment (See instructions regarding type of information required.)

Phone Bank Series

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

4-2-

Payee name

South Side Reporter

Payee address;

City, State; Zip Code

2203 S. Hackberry  
SATV 78210

Amount (\$)

\$ 421.80

Purpose of payment (See instructions regarding type of information required.)

News Paper Ad.

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

4-17

Payee name

SAMS

Payee address;

City, State; Zip Code

Amount (\$)

\$ 570.81

Purpose of payment (See instructions regarding type of information required.)

Food & Supplies For  
Fundraiser

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

4-18

Payee name

Kilobasin Provider

Payee address;

City, State; Zip Code

1325 S. Brazos  
SATV 78207

Amount (\$)

\$ 298.50

Purpose of payment (See instructions regarding type of information required.)

Food For Fundraiser

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

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**POLITICAL EXPENDITURES****SCHEDULE F**

The instruction Guide explains how to complete this form.

**1** Total pages Schedule F:

343

**2** FILER NAME

Jose Farina

**3** ACCOUNT # (Ethics Commission filers)**4** Date

4-18

**5** Payee name

Quality Catering

**6** Payee address; City, State; Zip Code1007 Ashley  
SA 78221**7** Amount (\$)

\$182.00

**8** Purpose of payment (See instructions regarding type of information required.)

Food for Fundraiser

**9** -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City, State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City, State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City, State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

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